



South African Council for Educators
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PAY METHOD					STATUS
PO	CH	CA	EFT	Non Payment	Complete
					Incomplete

UPDATES/EXTENTIONS FORM: SA CITIZENS				SACE REGISTRATION NO.												
PERSONAL INFORMATION																
Surname:																
Maiden Name:																
First Names:																
Title:		Date Of Birth:	Y	Y	M	M	M	M	Gender:	Male	Female	Non Binary				
SA ID Number:																
Postal Address:								Physical Address:								
Province:								Province:								
City:								City:								
Postal Code:								Postal Code:								
Nationality:								Country Of Birth								
Race:	African		White		Coloured		Indian		Other							
Do you have a valid police clearance certificate?								Yes				No				
Have you been convicted of a criminal offence								Yes				No				
If Yes, kindly provide details																
Have you been dismissed from employment or had proceedings against you?								Yes				No				

QUALIFICATION: MATRIC INFORMATION:

Name of School	Province/ Country	District	Year Obtained

TERTIARY QUALIFICATIONS:

Institution Name	Qualification Name	Area of Specialization	Year Obtained

NB: ALL COPIES MUST BE CERTIFIED, STATE TRUE COPY OF ORIGINAL AND THE DATE MUST BE LESS THAN THREE MONTHS AT THE TIME OF SUBMISSION TO SACE.

DECLARATION	
I declare that all information provided (including copies) is complete and correct. I also hereby give SACE permission to check if there are no previous convictions against me by any tribunal. I understand that any false information supplied could lead to my application being disqualified or may lead to my name being removed from the register, and I will subscribe to the Code of Professional Ethics.	
Signature:	Date:
Cell Number:	Work Tel Number:
Email Address:	Home Tel Number:

NB: Please refer to the SACE website (www.sace.org.za) for registration requirements when completing this application form.

Institutional Liability

The Council, the Chief Executive Officer (CEO), or any member of the committee and staff member of the Council is not liable for any act performed in good faith in the execution of their duties with the Council.

An employee of the Council who, in the public interest: -

- a) Refuses to perform an act
- b) Omits to perform an act; or Informs the Council or other appropriate authority of an act or omission performed by any other person, which act or omission endangers or is likely to endanger the safety or health of the public or fellow employees, shall not be liable for that refusal, omission or information.